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Bib Data Sheet

CONFIRMATION NO. 2091

|   |   |                               |   |   |                                |
|---|---|-------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/747,540  | <b>FILING DATE</b><br>12/22/2000<br><b>RULE</b>   | <b>CLASS</b><br>600           | <b>GROUP ART UNIT</b><br>3737   | <b>ATTORNEY DOCKET NO.</b><br>GEMS:0130/YOD<br>(15-EC-5791) |                                |
| <b>APPLICANTS</b><br>Vincent E. Majkowski, Milwaukee, WI;   |   |                               |   |   |                                |
| <b>** CONTINUING DATA *****</b>   |   |                               |   |   |                                |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |   |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE</b><br><b>GRANTED ** 02/02/2001</b>  |   |                               |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>WI | <b>SHEETS DRAWING</b><br>6  | <b>TOTAL CLAIMS</b><br>44                                   | <b>INDEPENDENT CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>Patrick S. Yoder<br>Suite 330<br>7915 FM 1960 West<br>Houston, TX 77070   |   |                               |   |   |                                |
| <b>TITLE</b><br>Ambulatory arrhythmia system investment planning method and apparatus   |   |                               |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>1222  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |